

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-014081

STATE FILE NUMBER

FILED MAY 12 1959

Registration District No. 200

Primary Registration District No. 3041

Registrar's No. 73

1. PLACE OF DEATH a. COUNTY <b>Macon</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Macon</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Macon</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Macon</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Samaritan Hosp.</b>				Length of stay in lb <b>12 Days</b>		d. STREET ADDRESS (If outside, give location) <b>705 N. Jackson</b>	
3. NAME OF DECEASED (Type or print) First <b>REBA</b> Middle <b>FLOY</b> Last <b>POWELL</b>				4. DATE OF DEATH Month <b>April</b> Day <b>21</b> Year <b>1959</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH <b>Mar. 24, 1886</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>no</b>		9. AGE (In years last birthday) <b>73</b>		11. BIRTHPLACE (City and state or country) <b>Macon County, Missouri</b>	
13a. FATHER'S NAME <b>Squire Richard Perkins</b>				13b. MOTHER'S MAIDEN NAME <b>Mary Jane Vansickle</b>		14. NAME OF HUSBAND OR WIFE <b>no</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>no</b>				16. SOCIAL SECURITY NO. <b>499-05-7855</b>		17. INFORMANT <b>Mrs. Pearl Wright Macon, Missouri</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral embolism</b> DUE TO (b) <b>Valvular heart disease</b> DUE TO (c) <b>4214</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Permeious Vomiting secondary to heart</b>						INTERVAL BETWEEN ONSET AND DEATH <b>30 minutes</b> <b>years.</b>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>				20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				20f. CITY, TOWN, OR LOCATION <b>Macon, Missouri</b>			
21. I attended the deceased from Death occurred at <b>April 1, 1959</b> to <b>April 21, 1959</b> and last saw her alive on <b>April 21, 1959</b> on the date stated above; and to the best of my knowledge, from the causes stated.				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
22a. SIGNATURE <b>Donald E Eggleston</b> (Degree or title)				22b. ADDRESS <b>Macon, Missouri</b>		22c. DATE SIGNED <b>1 May 59</b>	
23a. BURIAL, CREMATION, REINTERMENT (Specify) <b>Burial</b>		23b. DATE <b>Apr. 23, 1959</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Hill Crest M. G.</b>		23d. LOCATION (City, town, or county) (State) <b>Macon, Missouri</b>	
24. FUNERAL DIRECTOR <b>Lester Sutton</b> ADDRESS <b>Macon, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>5/2/59</b>		26. REGISTRAR'S SIGNATURE <b>Rich McNeely</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Charles L. Sutton* .....

Licensed Embalmer No. *4577* .....

P. O. Address *Maple, N.* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.